

SPR # _____

DATE FILED: _____

**SITE PLAN REVIEW APPLICATION AND CHECKLIST
CITY OF WILLIAMSBURG PLANNING DEPARTMENT
APPLICATION**

PROJECT TITLE: _____

PROJECT LOCATION: _____

TAX MAP NUMBER(S): _____ ZONING DISTRICT: _____

APPLICANT INFORMATION:

APPLICANT NAME: _____

ADDRESS: _____

SIGNATURE: _____ PHONE/FAX: _____

APPLICANT REPRESENTED BY:

NAME: _____

ADDRESS: _____

PHONE/FAX NO: _____

OWNER INFORMATION:

OWNER: _____

ADDRESS: _____

SIGNATURE: _____ PHONE/FAX: _____

[I/We] hereby authorize:

APPLICANT: _____

to represent [me/us] in any manner relating to the above plan.

STATE OF VIRGINIA

CITY/COUNTY OF _____, TO-WIT:

This authorization form was acknowledged before me on this _____ day of

_____, 200__, by _____

Notary Public

My Commission Expires: _____